

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213547276					
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Community Health Alliance</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: STEVEN D GRAVELY 1001 HAXALL POINT, 15TH FL POST OFFICE BOX 1122</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: VA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2013</p> <p>SCC ID NO: 05871074</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED			
CLASS	AUTHORIZED						
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: 4900 Cox Road Suite 245</p> <p style="margin-left: 40px;">CITY/ST/ZIP: Glen Allen, VA 23060</p>							
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>							
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL MATTHEWS TITLE: PRESIDENT ADDRESS: 2201 WEST BROAD STREET Suite 202 CITY/ST/ZIP/CO: RICHMOND, VA 23220-2022 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL MATTHEWS TITLE: PRESIDENT ADDRESS: 2201 WEST BROAD STREET Suite 202 CITY/ST/ZIP/CO: RICHMOND, VA 23220-2022	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL MATTHEWS TITLE: PRESIDENT ADDRESS: 2201 WEST BROAD STREET Suite 202 CITY/ST/ZIP/CO: RICHMOND, VA 23220-2022	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JAMES SOK TITLE: VICE CHAIRMAN ADDRESS: 8254 ATLEE ROAD CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JAMES SOK TITLE: VICE CHAIRMAN ADDRESS: 8254 ATLEE ROAD CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JAMES SOK TITLE: VICE CHAIRMAN ADDRESS: 8254 ATLEE ROAD CITY/ST/ZIP/CO: MECHANICSVILLE, VA 23116	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MICHAEL SPINE TITLE: CHAIRMAN ADDRESS: 5801 BREMO ROAD, SUITE 603 CITY/ST/ZIP/CO: RICHMOND, VA 23226 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: MICHAEL SPINE TITLE: CHAIRMAN ADDRESS: 5801 BREMO ROAD, SUITE 603 CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: MICHAEL SPINE TITLE: CHAIRMAN ADDRESS: 5801 BREMO ROAD, SUITE 603 CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TONI R ARDABELL TITLE: DIRECTOR ADDRESS: 5801 BREMO ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23226 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: TONI R ARDABELL TITLE: DIRECTOR ADDRESS: 5801 BREMO ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: TONI R ARDABELL TITLE: DIRECTOR ADDRESS: 5801 BREMO ROAD CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN BARRETT TITLE: DIRECTOR ADDRESS: BON SECOURS-HAMPTON ROADS 150 KINGSLEY LANE CITY/ST/ZIP/CO: NORFOLK, VA 23505 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: top;">OFFICER</td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> </td> <td style="width: 10%; text-align: center; vertical-align: top;">DIRECTOR</td> </tr> </table>			NAME: JOHN BARRETT TITLE: DIRECTOR ADDRESS: BON SECOURS-HAMPTON ROADS 150 KINGSLEY LANE CITY/ST/ZIP/CO: NORFOLK, VA 23505	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME: JOHN BARRETT TITLE: DIRECTOR ADDRESS: BON SECOURS-HAMPTON ROADS 150 KINGSLEY LANE CITY/ST/ZIP/CO: NORFOLK, VA 23505	<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR			

NAME:	PETER J BERNARD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BON SECOURS RICH HEALTH SYSTEM		
CITY/ST/ZIP/CO:	5801 BREMO ROAD RICHMOND, VA 23226		
NAME:	W SCOTT BURNETTE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 90		
CITY/ST/ZIP/CO:	SOUTH HILL, VA 23970		
NAME:	BEN CLARK	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	CENTRA		
CITY/ST/ZIP/CO:	1920 ATHERHOLDT RD LYNCHBURG, VA 24501		
NAME:	RAY COSTABILE	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	DEPT. OF UROLOGY		
CITY/ST/ZIP/CO:	PO Box 800422 CHARLOTTESVILLE, VA 22908		
NAME:	LARRY FITZGERALD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	PO BOX 800788 MC ADMIN. SUITE		
CITY/ST/ZIP/CO:	CHARLOTTESVILLE, VA 22908		
NAME:	MARK GORDON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	ST. FRANCIS MEDICAL CENTER		
CITY/ST/ZIP/CO:	13700 ST. FRANCIS BLVD MIDLOTHIAN, VA 23114		
NAME:	MARY ANNE GRAF	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	5801 BREMO ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		
NAME:	RANDY, SR HESTER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	PO BOX 1449		
CITY/ST/ZIP/CO:	KILMARNOCK, VA 22482		
NAME:	MICHAEL KERNER	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	BON SECOURS-HAMPTON ROADS		
CITY/ST/ZIP/CO:	5818A HARBOUR VIEW BLVD, STE A1 SUFFOLK, VA 23435		
NAME:	SISTER ANNE MARIE MACK	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	5801 BREMO ROAD		
CITY/ST/ZIP/CO:	RICHMOND, VA 23226		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KAREN RHEUBAN DIRECTOR PO BOX 800711, MCKIM HALL ROOM G151 CHARLOTTESVILLE, VA 22908	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DANNY SHABAN DIRECTOR 8239 MEADOWBRIDGE RD., SUITE A MECHANICSVILLE, VA 23116	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ MICHAEL MATTHEWS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	MICHAEL MATTHEWS, PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/11/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			